

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		2				
5		2				
6		1				
7		1				
8		2				
9		2				
10	1					
11	1					
12		1				
13		2				
14		2				
15		1				
16		1				
17		2				
18		2				
19		2				
20	1					
21	1					
22		1				
23	1					
24	1					
25		1				
26		1				
27		1				
28		5				
29		5				
30		5				
31		5				
32		5				
33		5				
34		5				
35		5				
36		5				
37		5				
38		4				
39		5				
40		5				
41		5				
42		2				
43		5				
44		5				
45		5				
46		5				
47		5				
48		5				
49		5				
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		5				
52		5				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67	1	1				
68		1				
69		2				
70	1	1				
71	1	1				
72		1				
73		2				
74		1				
75		1				
76		1				
77		1				
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS